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## BIB DATA SHEET

CONFIRMATION NO. 8338

| SERIAL NUMBER | FILING or 371(c)<br>DATE<br>RULE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. |
|---------------|----------------------------------|-------|----------------|---------------------|
| 10/608,257    |                                  | 604   | 3739           | 0B-044301US         |

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/441,824 01/21/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

09/23/2003

| Foreign Priority claimed       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | STATE OR COUNTRY   | SHEETS DRAWINGS | TOTAL CLAIMS | INDEPENDENT CLAIMS |
|--------------------------------|---|--|-----------------|--------------|--------------------|
| 35 USC 119(a-d) conditions met | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |                 |              |                    |
| Verified and<br>Acknowledged   | /MICHAEL F<br>PEFFLEY/<br>Examiner's Signature                      | <input type="checkbox"/> Met after Allowance<br>Initials | MN              | 11           | 18                 |
|                                |   |  |                 |              | 2                  |

**ADDRESS**

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 14901 DEVEAU PLACE  
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 UNITED STATES

**TITLE**

Catheter design that facilitates positioning at tissue to be diagnosed or treated

|                                    |   |  |
|------------------------------------|---|--|
| <b>FILING FEE RECEIVED</b><br>1030 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                            |
|                                    |   | <input type="checkbox"/> 1.16 Fees (Filing)                  |
|                                    |   | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |
|                                    |   | <input type="checkbox"/> 1.18 Fees (Issue)                   |
|                                    |   | <input type="checkbox"/> Other _____                         |
|                                    |   | <input type="checkbox"/> Credit                              |